

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Taney Registration District No. 859  
Township Branson Primary Registration District No. 6128  
City Branson (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 85411  
Registered No. \_\_\_\_\_

**2. FULL NAME** Violet Ann Stancil

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-29-1933</u>		
7. AGE YEARS	MONTHS	DAYS
		IF LESS than 1 day, <u>3</u> hrs. or <u>3</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Country</u>
	13. NAME <u>George H. Stancil</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canton Ga.</u>
	15. MAIDEN NAME <u>Helen Boswell</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Branson Mo.</u>
	17. INFORMANT <u>George H. Stancil</u> (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Twinsburg Cemetery</u> DATE <u>10/30</u> 19 <u>33</u>
	19. UNDERTAKER <u>R.B. Whitchell</u> (ADDRESS) <u>Branson, Mo.</u>
20. FILED <u>11/8</u> 19 <u>33</u> <u>John A. Baxter</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29- 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-29 1933 to 10-29- 1933

I last saw h. ea. alive on 10-29- 1933 Death is said

to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia Birth  
159  
157

Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury ✓ 1933

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify ✓

(Signed) J. K. Chipp M. D.

(Address) Branson Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 4 1934

